

1. WEIGHT HANDLING EQUIPMENT DEFICIENCY REPORT

ACTIVITY:		DEFICIENCY REPORT NUMBER:	
SUBJECT:			
PREPARED BY:	PHONE:	FAX:	DATE:
APPROVED BY:	PHONE:	FAX:	DATE:
CRANE NUMBER:	MANUFACTURER/YEAR MANUFACTURED:		
MODEL/SERIAL NUMBER:		CAPACITY/TYPE:	
RESULTED IN ACCIDENT: <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF ACCIDENT:	

THIS REPORT GENERATED DUE TO:

☐ FAILURE/DEFICIENCY OF LOAD BEARING/LOAD CONTROLLING PART/OPERATIONAL
☐ SAFETY DEVICE/ DIESEL ENGINE – GENERATOR SET
☐ OTHER FAILURE/DEFICIENCY CONSIDERED SIGNIFICANT
☐ DRAWING/DESIGN DISCREPANCY

DESCRIPTION OF DEFICIENCY (INCLUDE MANUFACTURER'S PART NO., FEDERAL STOCK NO., ETC.):

PROBABLE CAUSE:

CORRECTIVE ACTION TAKEN/RECOMMENDATION:

FOR NCC USE: NCC Control Number: _____

☐ CSA ISSUED ☐ RESPONSE TO ORIGINATOR (IF REQUESTED) ☐ NO ACTION REQUIRED
☐ EDM ISSUED ☐ MANDATORY CRANE ALT ISSUED

REMARKS (EXPLANATION OF BOX CHECKED ABOVE):